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TO: Mail Stop: AF
Examiner: Jennifer L. Doak
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

FROM: Douglas P. Mueller

OUR REF: 10873.1819USWO

TELEPHONE: (612) 455.3800

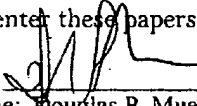
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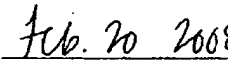
Title of Document: **Supplemental Information Disclosure Statement; Form 1449;
Copy of European Office Action, dated January 18, 2008**Applicant: YUKAWA et al.
Serial No.: 10/567,259
App. Filed: February 6, 2006
Group Art No.: 2872

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: YUKAWA et al. Examiner: Jennifer L. Doak
Serial No.: 10/567,259 Group Art Unit: 2872
Filed: February 6, 2006 Docket: 10873.1819USWO
Title: RETROREFLECTIVE SHEET AND EXTERNAL ILLUMINATION
SYSTEM

CERTIFICATE UNDER 37 C.F.R. 1.6(d)

I hereby certify that this paper is being transmitted by facsimile to the United States Patent and Trademark Office on
February 20, 2008

By: Mele Cauffman

Name: Mele Cauffman

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

With regard to the above-identified application, the items of information listed on the enclosed Form 1449 are brought to the attention of the Examiner. Please note the references cited on Form 1449 were cited in the European Office Action dated December January 18, 2008. Copies of any foreign patent documents or "Other Documents" are enclosed.

In accordance with the provisions of 37 C.F.R. §1.97, this statement is being filed
(CHECK ONE):

- ☐ (1) within three (3) months of the Filing Date, before the mailing date of a First Office Action on the merits, or before the mailing date of a First Office Action on the merits after the filing of a request for continued examination under 37 C.F.R. §1.114; or
- ☐ (2) after the period defined in (1) but before the mailing date of a Final Rejection or Notice of Allowance, and
- ☐ the requisite Statement is below, OR
- ☐ the requisite fee of \$180.00 under Rule 1.17(p) is included herein, or

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- ☒ (3) after the mailing date of a Final Rejection or Notice of Allowance but on or before the payment of the Issue Fee, AND the requisite Statement is below AND the requisite fee of \$180.00 under Rule 1.17(p) is included herein.

STATEMENT

Applicants hereby state that:

- ☒ Each item of information contained in the Information Disclosure Statement was first cited in a communication from a foreign patent office in a counterpart application or by the USPTO in a related application not more than three months prior to the filing date of the Information Disclosure Statement

- ☐ If this box is checked, Applicant provides the following:

Certification Under 37 C.F.R. §1.704(d)

In accordance with 37 C.F.R. §1.704(d), the undersigned hereby certifies that each item listed on the enclosed Form 1449 was first cited in a communication from a foreign patent office in a counterpart application, and that this communication was not received by any individual designated in 37 C.F.R. §1.56(c) more than thirty (30) days prior to the filing of this Information Disclosure Statement.

- ☐ The Examiner is hereby advised of the following co-pending U.S. applications. A copy of each U.S. patent application publication (if published) or application (if not published) is enclosed.

Application No.

Filing Date

Group

No representation is made that a reference is "prior art" within the meaning of 35 U.S.C. §§ 102 and 103 and Applicants reserve the right, pursuant to 37 C.F.R. § 1.131 or otherwise, to establish that the reference(s) are not "prior art." Moreover, Applicants do not represent that a reference has been thoroughly reviewed or that any relevance of any portion of a reference is intended.

Consideration of the items listed is respectfully requested. Pursuant to the provisions of M.P.E.P. 609, it is requested that the Examiner return a copy of the attached Form 1449, marked as being considered and initialed by the Examiner, to the undersigned with the next official communication.

FEE AUTHORIZATION

Should any fee associated with the submission of this paper not be attached hereto as a check, the Commissioner is authorized to charge the missing fee to our Deposit Account, No. 50-3478. Any overpayments should be credited to said Deposit Account.

Respectfully submitted,

HAMRE, SCHUMANN, MUELLER &
LARSON, P.C.

Post Office Box 2902
Minneapolis, MN 55402-0902
(612) 455-3800

Dated: Feb. 20 2008

By: 

Douglas P. Mueller
Reg. No. 30,300

DPM:mkc

